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SUBJECT: PEPFAR HIV/AIDS DISCUSSIONS IN RUSSIA

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¶1. (SBU) SUMMARY: USAID's Assistant Administrator for Global Health, Dr. Kent Hill, visited Moscow and St. Petersburg June 18 to 22 to discuss President Bush's Emergency Plan for AIDS Relief (PEPFAR) HIV/AIDS program in Russia with representatives of the Ministry of Health and Social Development (MOHSD), the Global Fund for AIDS, TB and Malaria (GFATM), UNAIDS and key NGO groups working on HIV/AIDS prevention programs. While significant GOR resources are committed to addressing the HIV epidemic, there are serious gaps in technical expertise and experience. Post believes continued USG engagement is essential to target and help mobilize these GOR resources. The HIV epidemic remains a concentrated epidemic but without international support providing access to international best practices, Russia is at risk. Adequate USG funding is needed to enable USG to carry out an effective program of targeted technical support through 2013 leading to a full transfer of the USG program in the sector by that year. Dr. Hill's discussions highlighted areas for continued USG-Russia cooperation on prevention and care efforts, particularly in St. Petersburg where there is considerable potential for deepening current US-Russian collaboration on HIV/AIDS.

AIDS Epidemic in Russia

¶2. (SBU) The HIV/AIDS epidemic in Russia continues to expand, although there has been a marked decline in HIV transmission since the peak in 2001. More than 440,000 people have been officially registered with HIV/AIDS in Russia, although the unofficial estimate is one million. Although injecting drug users (IDU) continue to account for the majority of newly reported HIV/AIDS cases, a growing number of these infections are attributable to heterosexual sex (one third in 2007), linked to sex partners of IDUs. Women constitute an increasing share of newly reported cases, 44% of cases registered last year, up from 24% in 2001. This suggests that a window of opportunity exists to contain the epidemic in Russia with appropriate intensification of prevention and other activities. It also suggests that there is a risk that the epidemic could expand beyond the IDU or IDU-linked population. Continued USG technical assistance to help the GOR target the growing resources that it is committing to combat this scourge is essential and timely.

Meeting the Ministry of Health

13. (SBU) In Dr. Hill's meeting with Deputy Health and Social Development Minister Ruslan Khalfin the Deputy Minister praised the work of USG programs in Russia and stressed that MOHSD supported efforts to disseminate nationwide the lessons learned in regional HIV/AIDS programs. Khalfin expressed interest in continued international, including USG, support for programs aimed at training of health professionals and acknowledged the need for prevention programs such as substance abuse programs for IDUs, including a greater focus on life skills and prevention programs. Khalfin reiterated that methadone treatment for IDUs remains illegal in Russia, but noted that some forms of medication assisted therapy could be considered. Khalfin noted that with the recent selection of a new Director for the Federal Drug Control Service, there may be opportunities to bring policy leaders and experts together to discuss options for addressing the IDU-driven epidemic, including programs that the USG could support such as study tours and training on HIV-related issues - exposing Russian policy makers to international experiences (and allowing them to share their own experiences) on combating substance abuse.

UNAIDS and Other Partners in the Fight against HIV

14. (SBU) In meetings with UNAIDS and GFATM representatives, Dr. Hill discussed the status of the epidemic and the need for greater emphasis on prevention programs. Both organizations noted that currently over 200 NGOs work on HIV issues in Russia, a significant increase in recent years primarily due to external support from international donors such as the USG and the GFATM. While this is impressive growth, the downward trajectory of external funds has the potential to thwart progress made in this area. Programs receiving support from USG and other external partners are still needed as many barriers limiting NGO access to GOR support persist. These

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barriers include limited funding opportunities from GOR federal and regional budgets and complicated funding disbursement systems. According to UNAIDS and the GFATM, 83 percent of NGOs rely on international funding. GFATM representatives noted the success of grants in reaching targeted goals and treatment levels, but indicated that the future sustainability of these NGOs after phase out of GFATM support is in doubt without a firm transition plan.

HIV/AIDS PROGRESS IN ST. PETERSBURG

15. (SBU) In St. Petersburg, Dr. Hill and U.S. Consul General Kruger met with representatives from the city's Health Committee and Social Services Administration, which signed a Memorandum of Understanding (MOU) with the USG in July 2007 to fight HIV/AIDS. The USG team presented city officials with a six-month progress report on achievements under the MOU. City officials emphasized the positive impact of the MOU on coordination of joint efforts and expressed their willingness to strengthen such collaboration in the future. The City Health Committee praised Russian-American cooperation for its important contribution to successful implementation of the St. Petersburg City Government HIV/AIDS Action Plan as well as the GOR's National Priority Project on HIV/AIDS. Officials highlighted achievements in significantly decreasing the HIV mother-to-child transmission rate from 19 percent to 6 percent and increasing fivefold the number of people living with AIDS (PLWA) receiving anti-retroviral therapy (ART) as a result of targeted USG support under the MOU.

16. (SBU) St. Petersburg City health officials expressed the need for continued USG support in critical areas such as improving effectiveness of prevention programs for injecting drug users (IDUs), patient treatment adherence to HIV treatment, improved links with social services, and outreach to youth and street children. Health officials explained their readiness to work collaboratively under the MOU to further advance HIV prevention among IDUs by launching a program using naltrexone as a medication assisted therapy in drug rehabilitation. This use of naltrexone is a positive first step in a path that may lead to the introduction of other drugs such as

buprenorphine or methadone as an accepted drug therapy.

17. (SBU) Faith-Based Leaders and NGOs: USG partners from the faith-based community and NGOs highlighted their role in preventing the spread of HIV among most at risk populations (MARPS). St. Petersburg City officials present acknowledged the catalytic role of USG supported program in strengthening government-NGO cooperation. Last year 9,000 MARPS received outreach and HIV prevention messages, the largest number of outreach activities in any one city in Russia.

Faith-based organizations are increasingly engaged in promoting behavioral changes among vulnerable youth, provision of care to PLWA, and drug-free rehabilitation services for IDUs. St. Petersburg is now planning to replicate successful drug-free programs developed by NGOs into state-run facilities.

18. (SBU) The USG team also visited a unique USG-support street youth drop-in center and met with the heads of the Municipal Administration and the Social Services Administration, strong supporters of the USG program. The Municipal Administration has directed funds to cover rent and other recurrent costs of this youth center. The center is the first municipal social services program to introduce HIV/AIDS tested services for street children and youth, especially important in St. Petersburg where HIV rates among street kids reached 37% in 2006, according to a study by the U.S. Centers for Disease Control and Prevention. Municipal authorities plan to expand the program to other districts within St. Petersburg in collaboration with a USG-funded partner.

19. (SBU) COMMENT: The GOR is increasingly prepared to commit financial resources to combat HIV/AIDS in Russia, but faces serious gaps in technical expertise and experience. USG engagement can play a critical role in helping the GOR overcome this technical capacity gap and contribute substantially to containing the HIV epidemic in Russia. With the existing support and leadership of GOR counterparts, the PEPFAR program in Russia is well positioned to support a bilateral compact or compacts with national and regional governments in Russia to bring collaboration on HIV/AIDS to a new level, mobilize significant additional Russian resources, and ensure an orderly transition of USG-supported program to the GOR. Such a compact could serve as a model for other graduating countries on how to solidify collaboration with host country governments and how to leverage and target host government resources.

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